



## **Application for Tribal Education Assistance**

### **Application Procedure**

1. You must file a Financial Aid Form (<http://www.fafsa.gov/>) and apply for any available scholarships and grants offered by the school.
2. Fill out the application packet completely; return it along with all requested information to the Passamaquoddy Tribal Education Department.
3. Once you have completed the top portion of the Needs Analysis form, mail the form to the school's financial aid office.
4. Application Deadlines:

Fall Semester	April 15 <sup>th</sup>
Spring Semester	November 15 <sup>th</sup>
Summer Session	March 15 <sup>th</sup>

5. Upon receipt of your information, you will be notified as to the status of your application.
6. Only those applications that are complete will be reviewed.
7. A complete file consists of:
  - a. BIA APPLICATION
  - b. TRIBAL EDUCATION APPLICATION
  - c. PER CAPITA DEDUCTION
  - d. PRIVACY ACT STATEMENT
  - e. COMPLETED NEEDS ANALYSIS
  - f. FAF AWARD LETTER
  - g. ACCEPTANCE LETTER
  - h. CURRENT ACADEMIC CALENDAR
  - i. EDUCATION CAREER PLAN
  - j. STUDENTS AGREEMENT
  - k. HS TRANSCRIPT/GED
  - l. COLLEGE TRANSCRIPT
8. Once eligibility has been determined, you will be informed as to the amount of your award. When you begin school, you will receive the award and a Purchase Order will be sent to the school for books.
9. It will be your responsibility to insure the following:
  - a. That the school has completed your needs analysis form in a timely manner.
  - b. A semester grade report is sent to the Education Office (Please submit only original forms.)



**Passamaquoddy Tribe-Pleasant Point Reservation**  
**Education Department**  
**9 Sakom Road**  
**PO Box 343**  
**Perry, ME 04667**  
**PH: (207) 853-2600 ext. 283**  
**FX: (207) 853-9520**

**STUDENT NAME:** \_\_\_\_\_

**SOCIAL SECURITY #:** \_\_\_\_\_

**COLLEGE/UNIVERSITY ATTENDING:** \_\_\_\_\_

**PROGRAM IN WHICH ENROLLED:** \_\_\_\_\_

**EXPECTED GRADUATION DATE:** \_\_\_\_\_

ITEM	ON FILE	DATE RECEIVED	STATUS
Application forms			
Tribal enrollment			
Financial aid award letter			
Completed needs analysis form			
College acceptance letter			
Current academic calendar			
Education career plan			
Transcript or recent copy of grades			
Fall schedule			
Spring schedule			
Other			

**APPLICATION FOR ASSISTANCE  
BUREAU OF INDIAN AFFAIRS-SCHOLARSHIP PROGRAM**

APPLICATION REQUEST 20\_\_\_\_ 20\_\_\_\_

Academic Year \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SSN: \_\_\_\_\_ MARITAL STATUS: S M D / DEPENDENTS: \_\_\_\_\_

TRIBE WHERE ENROLLED (attach proof of enrollment):  
\_\_\_\_\_

STATE OF RESIDENCY: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ TRIBE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ TRIBE: \_\_\_\_\_

NAME/ADDRESS OF HIGH SCHOOL OR LAST COLLEGE ATTENDED (attach a copy of transcript):  
\_\_\_\_\_

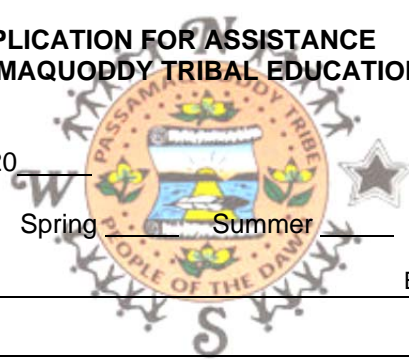
EXPECTED DEGREE: \_\_\_\_\_ GRADUATION DATE: \_\_\_\_\_

WILL LIVE: ON CAMPUS \_\_\_\_\_ OFF CAMPUS \_\_\_\_\_

\_\_\_\_\_  
I hereby certify the above information to be true. I realize noncompliance will result in a loss of funding. I agree to submit a copy of my grades at the end of each semester.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**APPLICATION FOR ASSISTANCE  
PASSAMAQUODDY TRIBAL EDUCATION**



APPLICATION REQUEST - 20\_\_\_\_ 20\_\_\_\_

Academic Year \_\_\_\_ Fall \_\_\_\_ Spring \_\_\_\_ Summer \_\_\_\_

NAME: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

SSN: \_\_\_\_\_ MARITAL STATUS: S M D / # DEPENDENTS: \_\_\_\_\_

TRIBE WHERE ENROLLED (attach proof of enrollment) \_\_\_\_\_

STATE OF LEGAL RESIDENCE: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_ TRIBE: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ TRIBE: \_\_\_\_\_

NAME AND ADDRESS OF HIGH SCHOOL/GED RECEIVED AND DATE OF GRADUATION: \_\_\_\_\_

TYPE OF SCHOOL: BIA  TRIBAL  PUBLIC  PRIVATE  GED

WERE YOU EVER AWARDED A BIA GRANT? IF SO WHAT YEAR(S): \_\_\_\_\_

CREDIT HOURS EARNED: \_\_\_\_\_ MAJOR: \_\_\_\_\_ MINOR: \_\_\_\_\_

NAME AND ADDRESS OF COLLEGE SELECTED: \_\_\_\_\_

YEAR IN COLLEGE: 1  2  3  4  GRADUATE

ENROLLMENT STATUS: FULL TIME  PART TIME

DATE YOU WILL REGISTER FOR CLASSES: \_\_\_\_\_

EXPECTED DEGREE AND YEAR OF GRADUATION: \_\_\_\_\_

WILL RESIDE: ON CAMPUS  OFF CAMPUS

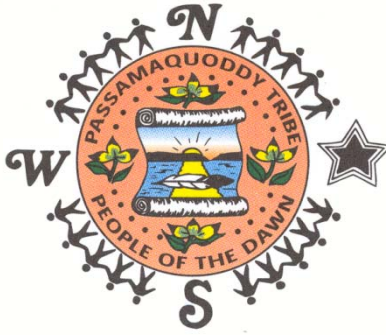
I declare that I will use funds I receive under the Passamaquoddy Scholarship Fund solely for expenses connected with attendance at:

NAME OF INSTITUTION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

I hereby certify the above information on this form is true and correct to the best of my knowledge and consent to the release of this information to the necessary agencies to complete my financial aid package. I will provide a copy of my grades or transcript at the end of each academic term.

\_\_\_\_\_  
UOPOEWJOUAEJUSOEVA#####COE/OA  
\_\_\_\_\_



**PER CAPITA DISPURSEMENT - DEDUCTION AGREEMENT**

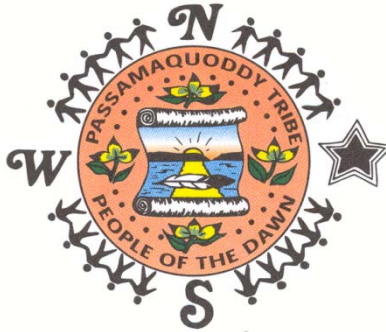
I, \_\_\_\_\_, hereby give permission to the Pleasant Point Tribal Government to withhold proceeds from my yearly Per Capita Disbursement to satisfy my delinquent liability to the Pleasant Point Tribal Education Department.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS (Rena Newell, Student Services Facilitator)

\_\_\_\_\_  
DATE



**AUTHORIZATION FOR RELEASE OF INFORMATION**

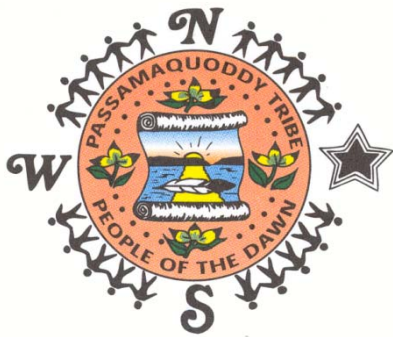
I \_\_\_\_\_, hereby authorize the release of information to the Passamaquoddy Tribal Education Department of Pleasant Point, Perry, Maine regarding my financial aid, grades, attendance records, course registration and or schedule for the academic year \_\_\_\_\_ / \_\_\_\_\_.

\_\_\_\_\_  
STUDENT SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
COLLEGE/UNIVERSITY ATTENDING

\_\_\_\_\_  
PROGRAM OF STUDY



## Student's Agreement

Having been accepted for participation in the Tribal Education Program, I understand that my eligibility to stay in the program depends upon my compliance with following terms, which I have read and hereby agree to:

1. I must be enrolled full-time in a course approved by the Tribal Education Department and I am aware that my schooling may be interrupted or discontinued if my attendance, grades, or conduct are unsatisfactory;
2. I will, to the best of my ability, attend all scheduled classes;
3. I will not drop my schooling without notifying and consulting with the Education Department and with the school officials;
4. I will inform the Education Department of any and all financial assistance which I now or later may receive from other sources while I am in school and of any changes in my financial needs (i.e. marriage, divorce, increase or reductions in the number of dependent, etc.) The amount of assistance I receive is determined by my Needs Analysis Form – Unmet Need.
5. I am aware that I may not change schools or courses without obtaining the prior concurrence of the Education Department.
6. I agree that the books and/tools issued to me as a necessary part of my training do not belong to me and do not become my personal property unless I complete my program of study.
7. Should I fail to complete my program of study, I agree to repay any funding awarded to me by the Passamaquoddy Tribal Education Department.

I AM FULLY AWARE THAT I MAY JEOPARDIZE MY EDUCATIONAL OPPORTUNITY IF I SHOULD VIOLATE ANY OF THE TERMS IN THIS AGREEMENT.

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APPLICANT OR TRAINEE'S SIGNATURE

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DATE

Complete Part I of this form and send it along with Part II to the Financial Aid Administrator for completion.  
 The Financial Aid Office at your school should then mail to Passamaquoddy Tribal Education, P.O. Box 343, Perry, ME 04667.

**NEEDS ANALYSIS FORM (PART I) Release to be completed by the applicant**

RESERVATION:

NAME:

ADDRESS:

TELEPHONE:

MAJOR:

MINOR:

MARITAL STATUS:

NUMBER OF DEPENDENTS:

RELEASE: I hereby authorize the release of any and all information pertaining to my receiving or applying to financial aid to the Passamaquoddy Tribal Education Office for the purpose of determining my eligibility for educational benefits. This includes the information requested below and any other information that the PTE Office may request in regard to my application for assistance.

**NEEDS ANALYSIS FORM (PART II) To be completed by Financial Aid Office**

The above student has applied to the Passamaquoddy Tribal Scholarship Higher Education Grant Scholarship Program. Verification of financial data is required through your office before the Passamaquoddy Tribal Scholarship can take any action on their application. When you have all necessary information on file, please complete this portion of the form and return it to the above listed address. Thank you for your assistance.

BUDGET PERIOD: FROM: TO: START DATE:

THIS STUDENT IS CONSIDERED: INDEPENDENT  DEPENDENT

**FINANCIAL DATA**

COLUMN (A)		COLUMN (B)	
Pell Grant		Tuition	
S.E.O.G		Mandatory fees	
V.A Benefits		Other fees	
Indian Waiver		Books	
Scholarships		Room	
Voc. Rehab		Board	
Other		Miscellaneous	
<b>TOTAL FUNDS AVAILABLE</b>	<b>\$</b>	<b>TOTAL ANTICIPATED COSTS</b>	<b>\$</b>

**WE RECOMMEND THE PASSAMAQUODDY TRIBAL SCHOLARSHIP PROGRAM AWARD THIS STUDENT \$**

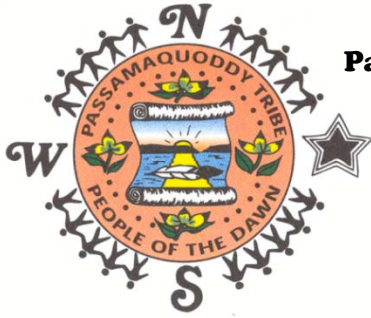
SIGNATURE/DATE OF FINANCIAL AID OFFICER

TELEPHONE

NAME AND ADDRESS OF COLLEGE OR UNIVERSITY

OUR SCHOOL OPERATES ON: SEMESTER  QUARTER  TRIMESTER  OTHER





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Please return this form to Passamaquoddy Tribal Education Department.

**Student Contact Information 2013-14**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Address of College attending: \_\_\_\_\_

Program: \_\_\_\_\_ Graduation Date: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Local Newspaper**

*This information is used to publish academic successes of Tribal Education Students.*

Name of Newspaper: \_\_\_\_\_